



## FINANCIAL POLICY/PATIENT TREATMENT

Thank you for choosing our office as your dental healthcare provider! We are committed to providing you with the highest quality dental care, so that you may attain optimum oral health. The following is a statement of our Financial Policy, which we require that you read, agree to and sign prior to any treatment.

### PAYMENT TYPES ACCEPTED

Our office accepts the following forms of payment:

- **Credit Cards:** Our office accepts most major credit cards.
- **Local Checks:** Checks will be accepted with a proof of driver's license of the person whose name is on the check. **This person must be present at the time the check is written.** A \$25 service charge will be charged for all returned checks.
- **Care Credit:** No interest plans are available through an outside financing for 6 or 12 months. You may apply for financing at CareCredit.com. Please ask someone at the front desk if you have questions.
- **SmileMore Dental Savings Plan (DSP)** – You do not have to have dental insurance to receive the highest quality of care at affordable prices. For an annual fee, you will enjoy savings on dental services by enrolling in the DSP. Please ask someone at the front desk for details and a brochure.
- Our office now has a **"text-to-pay"** option. We will be glad to send you a secure link to pay your balance. Please ask someone at the front desk for details.

### FINANCE CHARGES/BILLING CHARGES

Please understand that beginning the first day of the month following your balance becoming **sixty** (60) days past due, a finance charge of 10% will be assessed to any unpaid balance. Also, there will be a billing charge of \$2.00 for statements sent **after** the first statement. In the case of default of payment on your account, the responsible party agrees to pay collection costs and reasonable attorney fees incurred in attempting to collect on this account or any future outstanding account balances.

### CANCELLATION/NO-SHOWED APPOINTMENTS

Our goal is to provide treatment in a timely manner. To provide the best services to our patients, we require a **24-hour** notice for cancellations or for re-scheduling your appointment. We understand that unforeseen circumstances may arise, which may result in cancelling or missing your appointment. A \$50 cancellation fee may be applied for multiple missed, short notice or cancelled appointments. Multiple failed appointments may result in being dismissed from the dental practice.

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I accept full financial responsibility for this account and for all dentistry performed upon myself and my dependents in this dental office. Any insurance estimate or information given to me by this office is not a guarantee of actual insurance payment. I also understand that any insurance claim not paid in full after 60 days will become my financial responsibility to pay at that time.

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**PATIENT SIGNATURE/GUARDIAN**

**DATE**